



Covenant Players -Application Reference Form

INFORMATION RELEASE STATEMENT

By signing below, I authorise the below listed individual to provide the information requested on this form, and I release said individual from any claim or liability resulting from same.

Date *



Month Day Year

Name of person to be evaluated

Thank you for your willingness to complete this form on behalf of this person. The ministry of Covenant Players requires energy, stamina, discipline and commitment. Long hours are involved as well as living in close community. Flexibility is important, especially in occasionally stressful situations.

With these conditions in mind, please evaluate in the following categories.

No basis for judgement Unacceptable Acceptable Good Excellent

Energy/Enthusiasm

Self-motivation/Self-discipline

Leadership/Initiative

Self-confidence

Warmth

Sense of humour

Concern for others

Honesty/Trustworthiness

Reliability

Concentration

Ability to communicate: Oral

Ability to communicate: Written

Response under stress

Response under criticism

Response to failure/setback

Adaptability

Ability to solve problems

Name of Company

Your Name

First Name

Last Name

Your Position

Dates of candidate's employment



Month

Day

Year

-



Month

Day

Year

Would you rehire this person?

Yes

No

No basis for judgment

Unacceptable

Acceptable

Good

Excellent

Promptness

Efficiency

Time Usage

Communication

Relations with co-workers

This ministry requires: public relations work, living in close community with others, problem solving, quick memorization, long hours of travel. In your opinion, would this individual have any difficulties performing these functions?

In performing their ministry, Covenant Players are often subject to the challenge of being guests in host homes, dietary variations, full days and long hours requiring stamina, conflict resolution, potentially stressful situations, weather changes. **In your opinion:**

a. would the individual have any difficulty sustaining these stresses?

b. would the individual function well under these conditions?

What specific strengths do you think this person can contribute to the Covenant Players ministry?

This form has been completed by:

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Email

example@example.com

Relationship to candidate

Date

I would appreciate a phone call to discuss the candidate further:

Yes
Month Day Year
No

Thank you very much for your time, courtesy and thoroughness in completing this form. Feel free to add any further information or questions.